

Hospital Beds and Accessories

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses Hospital Beds and Accessories.

Description & Definitions:

Hospital beds are available with various functions allowing for positioning and safety.

Electric (electric control for all functions) and semi-electric beds (hand cranking for height adjustment but allow electric control) for head and leg positions and height adjustable beds.

A fixed height hospital bed is one with manual head and leg elevation adjustments but no height adjustment.

A variable height hospital bed is one with manual height, head and leg elevation adjustments.

An ordinary bed is one that is typically sold as furniture. It may consist of a frame, box spring AND mattress. It is a fixed height AND may or may not have head or leg elevation adjustments.

Safety enclosures are beds that restrict the individual from getting out of the bed without assistance and maintain least restrictive environment compared to vests, wrist and ankle restraints. Posey All in One Bed and Vail Bed is a brand (model 500, 1000 and 2000)

After 2 months of rental Medical Director approval required for continued use for the following:

- Advanced pressure-relieving support surface (Hospital bed with a fully integrated powered pressure reducing mattress)
- Advanced pressure-relieving bed (Air-fluidized bed)

Criteria:

Hospital beds and accessories are considered medically necessary for **1 or more of the following**:

- **A fixed hospital bed** is considered medically necessary for **1 or more of the following**:
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.

- Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
- Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. (Pillows or wedges must have been tried and are not sufficient)
- Individual requires traction equipment, which can only be attached to a hospital bed.
- A **variable height hospital bed** is considered medically necessary with **all of the following**:
 - Individual with **1 or more of the following**:
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. (Pillows or wedges must have been tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual requires bed height different than fixed height hospital bed to permit transfers to chair, wheelchair, or standing position
- A **semi-electric hospital bed** is considered medically necessary with **all of the following**:
 - Individual with **1 or more of the following**:
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration and Pillows or wedges must have been tried and are not sufficient
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual requires frequent changes in body position and/or has immediate need for change in body position
- An **enclosed crib or enclosed bed** is considered medically necessary with **ALL of the following**:
 - Individual has seizures or disorientation or vertigo or neurological disorder
 - Individual needs to be restrained to bed
 - Less invasive strategies (bed rails, bed rail protectors, environmental modifications) have been tried and failed
 - Product is FDA approved
- A **heavy –duty, extra-wide hospital bed** is considered medically necessary with **all of the following**:
 - Individual with **1 or more of the following**:
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. (Pillows or wedges must have been tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight is more than 350 pounds but does not exceed 600 pounds.
- An **extra heavy-duty hospital bed** is considered medically necessary with **all of the following**:
 - Individual with **1 or more of the following**:
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain

- Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. (Pillows or wedges must have been tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight exceeds 600 pounds.
- **Advanced pressure-relieving support surface (Hospital bed with a fully integrated powered pressure reducing mattress - Group 2 support surface)** may be indicated when **ALL of the** following are present:
 - Bed is for rental only
 - Clinical need for advanced pressure-relieving support surface, as indicated by **1 or more** of the following:
 - Myocutaneous flap or skin graft performed less than 60 days ago
 - Pressure injury treatment, as indicated by **1 or more** of the following:
 - Single National Pressure Injury Advisory Panel stage I or greater pressure injury on location other than heel that fails to respond to conservative treatment, including **ALL of the** following:
 - Debridement
 - Dressings to maintain moist environment
 - Repositioning
 - Simple pressure-relieving support surface (eg, sheepskin pad, air pressure mattress)
 - Two or more National Pressure Injury Advisory Panel stage I or greater pressure injuries in locations that do not allow individual to be repositioned and offload pressure injuries (eg, sacrum and trochanter)
 - Healthcare professional with training and expertise in wound care has evaluated individual and recommended advanced pressure-relieving support surface.
- **Advanced pressure-relieving bed (Air-fluidized bed - Group 3 support surface)** may be indicated when **ALL of the** following are present:
 - Bed is for rental only
 - National Pressure Injury Advisory Panel stage III, stage IV, or unstageable pressure injury on location other than heel
 - Individual has limited mobility, as indicated by **1 or more** of the following:
 - Individual is unable to roll onto side from supine position unassisted.
 - Individual is unable to transfer from lying to sitting position without requiring more than minimal assistance
 - Individual requires total assistance for transferring to and from bed, chair, or wheelchair
 - Healthcare professional with training and expertise in wound care has evaluated individual and recommended advanced pressure-relieving bed
 - Home has adequate structural support for weight of bed
 - Home has sufficient electrical system for anticipated increase in electricity consumption
- **Trapeze equipment** is considered medically necessary with **1 or more of the following**:
 - Device necessary to sit up because of a respiratory condition
 - Device necessary to change body position for other medical reasons
 - Device necessary to get in or out of bed
- **Heavy duty trapeze equipment** is considered medically necessary with **all of the following**:
 - Individual weighs more than 250 pounds
 - Individual needs device for **1 or more of the following**:
 - Device necessary to sit up because of a respiratory condition
 - Device necessary to change body position for other medical reasons
 - Device necessary to get in or out of bed
- **Bed cradle** is considered medically necessary to prevent contact with the bed coverings
- **Side Rails** are considered medically necessary with **all of the following**:
 - Required by the individual's medical condition

- **Safety enclosures** are considered medically necessary with **all of the following**:
 - Required by the individual's medical condition
 - They are integral part of, or accessory to, a covered hospital bed
- **Replacement innerspring mattress or foam rubber mattress** is considered medically necessary with **all of the following**:
 - Required by the individual's medical condition
 - For an individual-owned hospital bed

The following hospital beds and accessories **do not meet the definition of medical necessity**, to include but not limited to:

- All nonhospital adjustable beds (e.g., Craftmatic Adjustable Bed, Simmons Beautyrest Adjustable Bed, Adjust-A-Sleep Adjustable Bed.
- Bed baths, bed spectacles, bed trays/reading tables, call switches, foot boards, bed lapboards
- Bed boards
- Continuous lateral rotation beds
- Institutional type beds
- Kinetic therapy beds
- Oscillating beds
- Overbed table
- Power or manual lounge beds
- Side rails when requested with a non-hospital or ordinary bed
- Stryker frame beds
- Total electric hospital bed
- Vail Enclosed Bed System

Coding:

Medically necessary with criteria:

Coding	Description
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0280	Bed cradle, any type
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress

E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600
E0305	Bedside rails, half-length
E0310	Bedside rails, full-length
E0315	Bed accessory: board, table, or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0328	Hospital bed, pediatric, manual, 360
E0329	Hospital bed, pediatric, electric or semi-electric, 360
E0910	Trapeze bars, a/k/a Individual helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for Individual weight capacity greater than 250
E0912	Trapeze bar, heavy-duty, for Individual weight capacity greater than 250
E0940	Trapeze bar, freestanding, complete with grab bar complete with grab bar

Considered Not Medically Necessary:

Coding	Description
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0273	Bed board
E0274	Over-bed table

Document History:

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- 2012: June

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- 2018: July
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- 2016: July
- 2015: July

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References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

Bed, Electric, Semi Electric, height, adjust, SHP Hospital Beds and Accessories, SHP Durable Medical Equipment 03, fixed height hospital bed, variable height hospital bed, semi-electric hospital bed, heavy-duty, extra-wide hospital bed, extra heavy-duty hospital bed, enclosed crib, enclosed bed, pediatric crib, Trapeze equipment, Heavy duty trapeze equipment, bed cradle, Side rails, replacement innerspring mattress, Dolphin Bed, fully integrated powered pressure reducing mattress, Advanced pressure-relieving support surface, Air-fluidized bed